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| USAID/OFDA Performance Baseline Data Report |
| Emergency response to life-threatening malnutrition in Jonglei, South Sudan |
| Project Dates: |

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| Country/Region: | South Sudan |
| OFDA Grant Number: | AID-OFDA-G-14-00186 |
| Program Title: | Emergency Response to life-threatening malnutrition in Jonglei, South Sudan |
| Type of Disaster | Emergency |

Overview and Methodology

The baseline survey was carried out by the Nutrition project team in pre-selected locations of Motot, Dakgriang, Modit¹, Karam² and Ngueny Payams of Uror County, Jonglei State, from the 17th- 23rd November 2014. Data was collected from a sample of 384 households as obtained from Raosoft sample size calculator. Households were asked questions on a variety of sectors such as nutrition, child care and IYCF practices, food security, maternal care and health seeking behaviours. The findings relevant to the OFDA proposal are being summarised in this report.

¹ Location of new OFDA funded feeding Centre

² Location of new OFDA funded feeding Centre

The target total population was 2,593 households. Through Raosoft the sample size was calculated as 384 households. Villages from within an 8km radius from the above payams were considered for the survey. The sampling methodology utilised to obtain specific households through random sampling. A list of households per village was created by the help of a village leader and specific households randomly selected.

The assessment methodologies used included observation and household interviews. Data was then collated and analysed through SPSS and excel to obtain the information that will be used in the planning monitoring and evaluation of the project.

Baseline Findings against OFDA Indicators

| Sub-sector Name: | Infant and Young Child Feeding and Behavior Change | Baseline | Project Target |
|-----------------------|--|-----------------------------|----------------|
| Indicator 1: | Number and percentage of infants 0-<6 mo. who are exclusively breastfed | 27% 40 of 151 surveyed | 50% |
| Indicator 2: | Number and percentage of children 6-<24 mo. receiving foods daily in 4 food groups | 3% 4 of the 151 surveyed | 10% |
| Indicator 3: | Number of people receiving behavior change interventions, by sex and age* | 29% 111 out 384 | 45% |
| Additional Indicators | Continued breastfeeding rate at 1 and 2 years (WHO indicators to complement OFDA indicator 1) | 35% | 90% |
| Additional Indicators | Percentage of mothers initiating breastfeeding within an hour after delivery. | 85.4% | >90% |
| Additional Indicators | Number and Percentage of children introduced to semi solid or soft food at the appropriate time. | 4% | 25% |
| Additional Indicators | Percentage of children fed at least 3 times a day. | 24% | 65% |
| Sub-sector Name: | Management of Moderate Acute Malnutrition (MAM) | Baseline | Project Target |
| Indicator 1: | Number of sites managing MAM | 0 | 3 |

| | | | |
|-------------------------|---|-----------------------|--|
| Indicator 2: | Number of people admitted to MAM services, by sex and age* | 0 | TOTAL: 3606 2,707 children under 5 (female: 1,299; male: 1,408) 901 PLWs |
| Indicator 3: | Number of health care providers and volunteers trained in the prevention and management of MAM, by sex. | 0 | 204 (6 Tearfund staff, 18 Community Nutrition Volunteers, 180 IYCF women (60 per each Feeding Centre location)) |
| Additional Indicators | % of coverage in project area | 0 | >50% |
| Additional Indicators | % of target population are within less than a days walk (incl treatment) of the programme site | 0 | >90% |
| Additional Indicators | % of discharges from targeted supplementary feeding programme who have recovered or defaulted | 0 | >75% recovery rate |
| | | | <15% Defaulter rate |
| Sub-sector Name: | Management of Severe Acute Malnutrition (SAM) | Baseline | Project Target |
| Indicator 1: | Number of health care providers and volunteers trained in the prevention and management of SAM, by sex and age* | 0 | 204 (6 Tearfund staff, 18 Community Nutrition Volunteers, 180 IYCF women (60 per each Feeding Centre location)) |
| Indicator 2: | Number of sites established/rehabilitated for inpatient and outpatient care | 0 | 3 for outpatient care and 1 stabilisation centre |
| Indicator 3: | Number of people treated for SAM, by sex and age* | 0 | 486 children under 5 (female: 233; male: 253) |
| Indicator 4: | Rates of admission, default, death, cure, relapse, nonresponse-transfer, and length of stay | Defaulter Rate 0% | Defaulter Rate <15% |
| | | Recovery Rate 0% | Recovery Rate >75% |
| | | Admission Rate 0% | Admission Rate: 100% |
| | | Non Responder Rate 0% | Non Responder Rate |

| | | Length of Stay 0 | Length of stay (estimated 60 days) |
|-----------------------|--|---------------------|---------------------------------------|
| Additional Indicators | % of patients identified for specialised care referred immediately to stabilization centre or inpatient care centre. | 0% | 100% |

Information about Households

- 73.2 of respondents are residents and have not been moved out of the county in the last one year.

DISCUSSION OF RESULTS

Infant and Young Child Feeding and Behavior and nutrition messaging

During instances of diarrhoea, children aged 0-23 months were mostly given breast milk (72.5%). Foods mostly given include: breast milk (78.7%), milk and milk products (51.1%), cereals, roots and tubers (44.7%) and pulses/beans/nuts seeds (6.4%). 96% of the children were breastfed upon birth. 85.4% of the children are breastfed immediately after delivery, 11.3% between 1-24 hours and 3.3% breastfed after 24 hours. Within the first 3 days after delivery 69.5% of mothers continue to exclusively breastfeed their children. The rest of the caretakers gave the following foods: 12.6% gave water, 7.3% gave powdered or fresh animal milk, 6.6% gave water with salt, 2.0% gave sugar/glucose water and 2.0% gave infant formula food. 70.2% of those who introduced other foods at 3 days, continued to give these foods to their children with only 8.6% reverting back to exclusive feeding. 96.7% of mothers fed their children with colostrum.

30.5% children were breastfed for at least 6 months (27% exclusively breastfed for exactly 6 months). 15.2% (aged between 3 weeks and 1 year) were being exclusively breastfed at the time of the survey. It was noted that 94.7% of the children (ages: 3 weeks – 24 months) are being breastfed, an indicator of good breastfeeding practices in the community.

| Age in months when other food/fluid introduced | Frequency | % |
|--|-----------|------|
| Breast milk only by time of survey | 23 | 15.2 |
| 0.03 (1 day) | 2 | 1.3 |
| 0.07 (2 days) | 1 | .7 |
| 0.1 (3 days) | 4 | 2.6 |

| | | |
|----|----|------|
| 1 | 6 | 4.0 |
| 2 | 38 | 25.2 |
| 3 | 16 | 10.6 |
| 4 | 8 | 5.3 |
| 5 | 7 | 4.6 |
| 6 | 40 | 26.5 |
| 7 | 5 | 3.3 |
| 10 | 1 | 0.7 |

The table below summarises liquids/fluids fed to the children a day prior to the survey:

| Ages | Breast milk | | Vitamin/me dicine drops | | ORS | | Plain Water | | Infant formula (add local brand) | | Milk (tinned, powdered, fresh, sour animal milk) | | Juice or juice drinks | | Clear broth | | Thin porridg e | |
|---------------|-------------|------|----------------------------|------|-----|------|-------------|------|---|------|--|------|-----------------------------|-----|----------------|-----|----------------------|-----|
| | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % | # | % |
| <6 mo | 37 | 24.5 | 13 | 8.6 | 12 | 7.9 | 19 | 12.6 | 6 | 4.0 | 13 | 8.6 | 2 | 1.3 | 1 | 0.7 | 1 | 0.7 |
| 6-12 mo | 34 | 22.5 | 15 | 9.9 | 11 | 7.3 | 19 | 12.6 | 11 | 7.3 | 23 | 15.2 | 1 | 0.7 | 0 | 0.0 | 0 | 0.0 |
| >12- 24 mo | 44 | 29.1 | 21 | 13.9 | 19 | 12.6 | 22 | 14.6 | 10 | 6.6 | 36 | 23.8 | 2 | 1.3 | 0 | 0.0 | 5 | 3.3 |
| Total | 115 | 76.2 | 49 | 32.5 | 42 | 27.8 | 60 | 39.7 | 27 | 17.9 | 72 | 47.7 | 5 | 3.3 | 1 | 0.7 | 6 | 4.0 |

As indicated, a majority of the children (76.2%) are continuously breastfed. A relatively high proportion, 39.7% (60 children) had been given plain water. It was noted that 3% (N=4) of children do take up to at least 4 food groups. A majority of respondents (30%, N=46) take 2 food groups while 19% take 3 food groups in their regular meals.

Meal Frequency

| Number of times | Frequency | Valid Percent |
|-----------------|-----------|---------------|
| 0 | 37 | 24.7 |
| 1 | 11 | 7.3 |
| 2 | 66 | 44.0 |
| 3 | 33 | 22.0 |
| 4 | 3 | 2.0 |
| Total | 150 | 100.0 |

A majority of children (44.0%) ate food other than liquids twice the day before the survey while 24% ate 3 or more times that day. 7.3% ate once but a big percentage (24.7%) reported not having had a meal. This could be children less than 6 months who are on only breast milk or just children who hadn't eaten but were breastfeeding.

Health and Nutrition Messaging

Dissemination of health and Nutrition messages was low in the surveyed areas with more than 70% (71%) reporting to have not heard any health and Nutrition messaging in the year 2014. 29% reported receiving health and Nutrition messaging. This can be attributed to lack of active services health and Nutrition services in most of the surveyed areas.

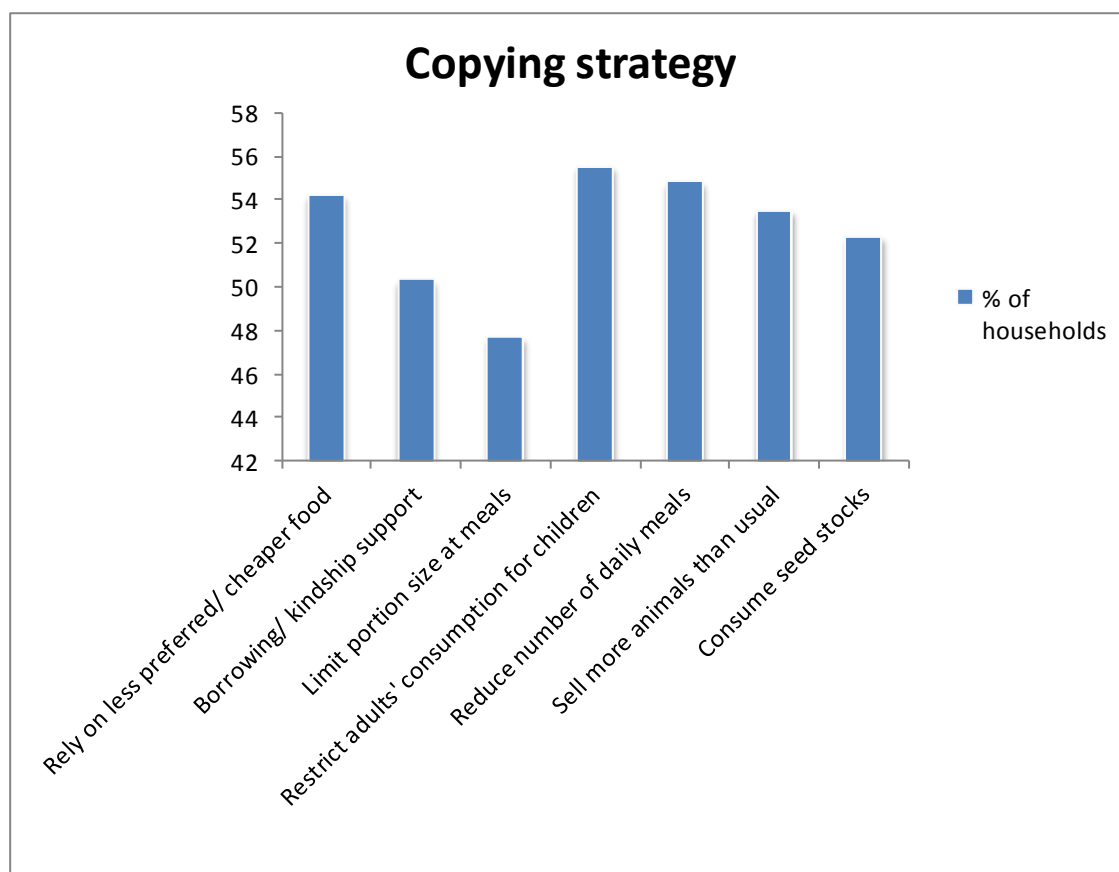
The most common way through which respondents last received a health message is nutrition extension workers (71.8%). Health workers (clinics) 60.9% and the church (46.4%) form other important avenues for passing health messages.

| Source | % of households |
|---|-----------------|
| Health workers (clinic) | 60.9 |
| Nutrition extension workers away from clinics | 71.8 |
| Nutrition Activities | 31.8 |
| Groups (women groups, church groups) | 25.5 |
| Traditional Birth Attendants | 14.5 |
| Radio | 17.3 |
| Church | 46.4 |
| School | 20.9 |
| Another NGO | 14.5 |
| Market traders | 15.5 |
| Don't know | 5.5 |

Shocks

82.3% of households were affected by human sickness. This could be explained by the fact that the health facilities have not been well stocked since the current crisis started in December 2013. 58.5% have had challenges with insecurity, as a result of the current conflict. Other shocks experienced included; expensive food (28.8%), limited access/movement (17.7%), livestock diseases (31%) , floods (22.2%), delayed rains (10.1%), crop pests/diseases (13.8%) and lack of water (50.8%). 24.1% of respondents reported no shock and/ or no problems.

During times of insufficient food supply, the majority of households cope mainly by restricting adult's consumption for the benefit of their children (55.5%) and reduction of daily meals (54.8%). People also rely on other cheaper or less preferred food for survival (54.2%). All the coping strategies are illustrated below:



Malnutrition

This section covered; presence of malnutrition, knowledge of what is done to treat malnourished children, cause of malnutrition, households with children in feeding the feeding program and number of children enrolled in feeding programme.

46.6% of households indicated they see malnourished children indicating high prevalence of malnutrition. Most respondents (44.44%) revealed that most malnourished children are taken to Nutrition feeding centres all of which are within an average of 3 hour. 24.92% however reported that malnourished children are taken to traditional doctors. 3.6% take malnourished children to clinics, 1.5% reported that nothing is done while 25.53% revealed that they did not know what is done to malnourished children.

Sickness at 84.8% is seen as the main cause of malnutrition. 4.5% reported not knowing what causes malnutrition, 73.6% reported lack of food while 2.2% reported witchcraft as causes of malnutrition. 94.5% of households surveyed did not have children in feeding programme hence 5.5% of those surveyed indicated having children currently enrolled in the programme, indicating low coverage.

Treatment of MAM and SAM in existing Feeding Centres

73.49% of households rated services at Tearfund run feeding centres as very good with 1.3% not being happy with the services they receive at feeding centres. 25.20% rated them as good while 0.262% rated them as not good. In this section, feeding centres too close to the survey target locations were assessed, these included; Yuai, Pathai, Motot and Pulchuol.

Deaths in the Community

11.5% of households have had one of their family members die in the last 3 months. Of these, 53.6% lost one child under five and 46.4% lost 2 children. The main causes of death are shown below:

